

FILED JAN 23 1941
Registration District No. 4291

Primary Registration District No. 4298

State File No.
Registrar's No.

1. PLACE OF DEATH:

(a) County LINCOLN
(b) City or town TROY Twn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME HENRY C. WIEMANN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife EMMA WIEMANN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCTOBER 3 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace SYKE GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business OWN FARM

12. Name DIETRICH WIEMANN

13. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name MARY MUENSTERMANN

15. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha Wieman

(b) Address Troy, Missouri

17. (a) Burial (b) Date thereof 12-11-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Missouri

18. (a) Signature of funeral director Reuben Kimmel/home

(b) Address Troy Mo. 88 March

19. (a) 12-10-41 (b) Mrs Pearl Trues
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LINCOLN
(c) City or town TROY
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? APRIL 65 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 9
year 1941 hour 4:30 minute PM

21. I hereby certify that I attended the deceased from 1930
_____, 19____, to Dec 9, 1941
that I last saw him alive on Dec 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to arterial Hypertension

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 43N
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature H. S. Harris (M. D. or other) _____
Address Troy Mo. Date signed 12-12-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joseph J. Marsh

Licensed Embalmer No. *3932*

P. O. Address *Proy. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.